

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Western District of Oklahoma		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Doyle, Colin Leslie		Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-9863		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)	
Street Address of Debtor (No. and Street, City, and State): 3000 E. 32nd ST. Edmond, OK <div style="text-align: right;">ZIP Code 73013</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>	
County of Residence or of the Principal Place of Business: Oklahoma		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above):			
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000			
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Doyle, Colin Leslie**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Western District of Oklahoma**

Case Number:

10-11701

Date Filed:

3/26/10

Location

Where Filed: **Western District of Oklahoma**

Case Number:

09-16435

Date Filed:

11/11/09**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Sherry Doyle**June 24, 2015**

Signature of Attorney for Debtor(s)

(Date)

Sherry Doyle 31836**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Doyle, Colin Leslie**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Colin Leslie DoyleSignature of Debtor **Colin Leslie Doyle****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 24, 2015

Date

Signature of Attorney***X /s/ Sherry Doyle**

Signature of Attorney for Debtor(s)

Sherry Doyle 31836

Printed Name of Attorney for Debtor(s)

Sherry Doyle, PLLC

Firm Name

**3126 S Boulevard #163
Edmond, OK 73013-5308**

Address

Email: sherry@sherrydoylelaw.com**(405)652-1034 Fax: (405) 652-1047**

Telephone Number

June 24, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Western District of Oklahoma

In re **Colin Leslie Doyle**,
 Debtor

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	495,000.00		
B - Personal Property	Yes	5	24,030.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2		602,199.71	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		59,678.27	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		226,144.54	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			9,014.84
J - Current Expenditures of Individual Debtor(s)	Yes	2			7,425.00
Total Number of Sheets of ALL Schedules		23			
Total Assets			519,030.00		
Total Liabilities				888,022.52	

United States Bankruptcy Court
Western District of Oklahoma

In re **Colin Leslie Doyle**,
 Debtor

Case No. _____

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	59,678.27
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	214,087.52
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	273,765.79

State the following:

Average Income (from Schedule I, Line 12)	9,014.84
Average Expenses (from Schedule J, Line 22)	7,425.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	10,395.17

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		156,699.71
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	8,278.30	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		51,399.97
4. Total from Schedule F		226,144.54
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		434,244.22

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled party is the lawful owner and holder of the original mortgage note.	Fee simple	J	195,000.00	Unknown
Residence: Edmond House Location: 3000 E. 32nd ST. Edmond, OK 73013 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled party is the lawful owner and holder of the original mortgage note.	Fee simple	J	300,000.00	238,000.00

Sub-Total > **495,000.00** (Total of this page)

Total > **495,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash: \$125 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	125.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account: Tinker Federal Credit Union Location: Tinker Federal Credit Union 4140 W. I-40 Oklahoma City, OK 73108	J	0.00
		Savings Account: Tinker Federal Credit Union Location: Tinker Federal Credit Union 4140 W. I-40 Oklahoma City, OK 73108	J	5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Furniture: Love Seat- \$50 Couch - \$50 Piano - \$0 Tables - \$50 Buffet - \$150 TV - \$50 Dining Set - \$200 Kitchen Set - \$200 Bedroom Set - \$200 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	900.00
		Appliances: Appliances - \$300 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	300.00
		Household: Household - \$50 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	50.00
		Audio-Video: Location: 3000 E. 32nd ST. Edmond, OK 73013	J	0.00
		Office: Desks - \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	100.00

Sub-Total > **1,480.00**
(Total of this page)

4 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Collectibles: Location: 3000 E. 32nd ST. Edmond, OK 73013	J	0.00
		Books-Music: Books \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	100.00
6. Wearing apparel.		Clothes: \$150 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	150.00
7. Furs and jewelry.		Furs: None Location: 3000 E. 32nd ST. Edmond, OK 73013	J	0.00
		Jewelry: Wedding Bands - \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	100.00
8. Firearms and sports, photographic, and other hobby equipment.		Sports-Hobby: Location: 3000 E. 32nd ST. Edmond, OK 73013	J	0.00
		Firearms: Shotgun - \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	100.00
		Trade Tools: Tools - \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	100.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement: Lockheed Martin Retirement Account Location: Fidelity Account	J	0.00
		Lockheed Martin Retirement Account	H	Unknown
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

Sub-Total > **550.00**
(Total of this page)

Sheet 1 of 4 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 2 of 4 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Auto: Scion tC 2006 Scion tC 120,000 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	5,000.00
		Auto: 2008 Ford F150 Location: 3000 E. 32nd ST. Edmond, OK 73013	W	12,500.00
		Auto: 1998 Ford Expedition Kelsey Drives this vehicle Location: Stillwater OK	W	1,000.00
		Auto: 2007 Lexus Location: 3000 E. 32nd ST. Edmond, OK 73013	H	3,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Animals: Dog - \$0 Location: 3000 E. 32nd ST. Edmond, OK 73013	J	0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		2014 Tax Return	J	Unknown
		Claim against Santander not real party in interest and real party in interest has failed to perfect their interest in 2008 Ford F150	W	Unknown
		Claims against DOCX for filing fraudulent assignments	J	Unknown
		Claim against MERS for cloud on title on Oklahoma House	J	Unknown

Sub-Total > **22,000.00**
(Total of this page)

Sheet **3** of **4** continuation sheets attached
to the Schedule of Personal Property

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Claims related to Florida Property at any time against all parties related to assignments of mortgage, property, note, and/or mortgage.	-	Unknown
		Claims related to Oklahoma Property at any time against all parties related to notes, mortgages, and assignments of mortgages.	-	Unknown
		Recession of Mortgage sent on 6/14/2009 to American Home Mortgage stated reasons not limited to Fraudulent Concealment, Appraisal Fraud, Fraud in the inducement and other claims. Demand for triple damages on face value of note. See Recession Letter.	-	Unknown
		Recession of Mortgage sent on 6/14/2009 to Wilshire Credit Corporation stated reasons not limited to Fraudulent Concealment, Appraisal Fraud, Fraud in the inducement and other claims. Demand for triple damages on face value of note. See Recession Letter.	-	0.00
		Potential Consumer Rights Claims. The debtor(s) claim an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance for Exemptions and an Amendment to Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the debtors under another exemption, such as the wildcard exemption, under applicable exemption law. The time within which the trustee may object to the claiming of the exemption in this asset, shall be deemed tolled until such time as the Motion and Amendments are filed and served upon the trustee.	J	Unknown

Sub-Total > **0.00**
(Total of this page)

Total > **24,030.00**

(Report also on Summary of Schedules)

Sheet 4 of 4 continuation sheets attached
to the Schedule of Personal Property

In re Colin Leslie Doyle

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☒ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled party is the lawful owner and holder of the original mortgage note.	Okla. Stat. tit. 31, §§ 1(A)(1),(2); Okla. Stat. tit. 31, § 2	195,000.00	195,000.00
Residence: Edmond House Location: 3000 E. 32nd ST. Edmond, OK 73013 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled party is the lawful owner and holder of the original mortgage note.	Okla. Stat. tit. 31, §§ 1(A)(1),(2); Okla. Stat. tit. 31, § 2	293,000.00	300,000.00
Household Goods and Furnishings			
Furniture: Love Seat- \$50 Couch - \$50 Piano - \$0 Tables - \$50 Buffet - \$150 TV - \$50 Dining Set - \$200 Kitchen Set - \$200 Bedroom Set - \$200 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(3)	900.00	900.00
Appliances: Appliances - \$300 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(3)	300.00	300.00
Household: Household - \$50 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(3)	50.00	50.00
Office: Desks - \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(3)	100.00	100.00
Furs and Jewelry			
Jewelry: Wedding Bands - \$100 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(8)	100.00	100.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
Lockheed Martin Retirement Account	Okla. Stat. tit. 31, § 1(A)(20)	100%	Unknown
Automobiles, Trucks, Trailers, and Other Vehicles			
Auto: Scion tC 2006 Scion tC 120,000 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(13)	5,000.00	5,000.00

B6C (Official Form 6C) (4/13) -- Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Auto: 2008 Ford F150 Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(13)	0.00	12,500.00
Auto: 1998 Ford Expedition Kelsey Drives this vehicle Location: Stillwater OK	Okla. Stat. tit. 31, § 1(A)(13)	1,000.00	1,000.00
Auto: 2007 Lexus Location: 3000 E. 32nd ST. Edmond, OK 73013	Okla. Stat. tit. 31, § 1(A)(13)	3,500.00	3,500.00
Other Personal Property of Any Kind Not Already Listed Claim against Santander not real party in interest and real party in interest has failed to perfect their interest in 2008 Ford F150	11 U.S.C. § 522(g)	0.00	Unknown

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxxxx9023			Auto: 2007 Lexus Location: 3000 E. 32nd ST. Edmond, OK 73013					
Bank of America 4161 Piedmont Park Greensboro, NC 27410	H			X	X	X		
			Value \$ 3,500.00				0.00	0.00
Account No.			Mortgage Residence: Edmond House Location: 3000 E. 32nd ST. Edmond, OK 73013 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the					
CitiMortgage, Inc. P O Box 6941 The Lakes, NV 88901-6941	X	J		X	X	X		
			Value \$ 300,000.00				238,000.00	0.00
Account No. xxxxxx1444			Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled					
H&R Block Mortgage LLC 1515 Dorchester Dorchester, MA 02121		J		X	X	X		
			Value \$ 195,000.00				273,600.00	83,786.71
Account No. xxx3587			Second Mortgage Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the					
H&R Block Mortgage 1515 Dorchester Dorchester, MA 02121		J		X	X	X		
			Value \$ 195,000.00				68,000.00	68,000.00
Subtotal							579,600.00	151,786.71
(Total of this page)								

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.								
John Landing HOA 5401 S. Kirkman Road Suite 450 Orlando, FL 32819	X	J	Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled	X	X	X	1,000.00	0.00
			Value \$ 195,000.00					
Account No. xxx24-03								
Martin Federal Credit Union 1727 Orlando Central Parkway Orlando, FL 32809	X	J	5/2006 Auto: Scion tC 2006 Scion tC 120,000 Location: 3000 E. 32nd ST. Edmond, OK 73013	X	X	X	0.00	0.00
			Value \$ 5,000.00					
Account No.								
OCWEN/HOMEWARD RESIDENTI 1525 S BELTLINE Coppell, TX 75019	X	J	Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled	X	X	X	Unknown	Unknown
			Value \$ 195,000.00					
Account No. xxxx578-9								
Orange County Tax Collector PO BOX 2551 Orlando, FL 32802	X	J	05/31/2015 Statutory Lien Residence: Florida House Location: 701 Regina Circle Oakland, FL 37487 Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the	X	X	X	4,186.71	0.00
			Value \$ 195,000.00					
Account No. xxx6533								
Santander Consumer USA PO BOX 660633 Dallas, TX 75266-0633	W		9/1/2013 Statutory Lien Auto: 2008 Ford F150 Location: 3000 E. 32nd ST. Edmond, OK 73013	X	X	X	17,413.00	4,913.00
			Value \$ 12,500.00					
Subtotal							22,599.71	4,913.00
(Total of this page)								
Total							602,199.71	156,699.71
(Report on Summary of Schedules)								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. IRS PO BOX 249 Memphis, TN 38101	X	-	Income Tax 2012 3-year rule Bankruptcy Code §507(a)(8)(A)(i).				39,105.27	35,606.58
3,498.69								
Account No. Oklahoma Tax Commission PO BOX 26930 Oklahoma City, OK 73126	X	J	04/15/2008 Income Tax 2011,2012,2013 3-year rule Bankruptcy Code §507(a)(8)(A)(i).				20,573.00	15,793.39
4,779.61								
Account No. 								
Account No. 								
Account No. 								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)**51,399.97**
8,278.30Total
(Report on Summary of Schedules)**51,399.97**
8,278.30

B6F (Official Form 6F) (12/07)

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. ACCOUNT MANAGEMENT RESOU 726 W SHERIDAN Oklahoma City, OK 73102	-	4/2/2013 Medical Bills ADM RETINA VITREOUS CENTER OUHSC PATHOLOGY LABORATORY	X	X	X	Unknown
Account No. Account Resolution Services 1801 NW 66TH AVE 200 Fort Lauderdale, FL 33313	-	OKLAHOMA EMERGENCY SERVICES	X	X	X	Unknown
Account No. Account Resolution Services 1801 NW 66TH AVE 200 Fort Lauderdale, FL 33313	W		X	X	X	Unknown
Account No. AMER MNGT SVCS PO BOX 44069 Oklahoma City, OK 73144	-	PROMOTION PHYSICAL THERAPY	X	X	X	Unknown
<div style="display: flex; justify-content: space-between;"> <u>3</u> continuation sheets attached Subtotal (Total of this page) </div>						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. BERLIN-WHEELER MO PO BOX 463 Jefferson City, MO 65102	-	MERCY HEALTH EDMOND MEMORIAL 	X	X	X	Unknown
Account No. BULL CITY FINANCIAL SOLU 1107 W MAIN ST 201 Durham, NC 27701	W	OU PHYSICIANS 	X	X	X	Unknown
Account No. Dell Financial Services 1 Dell Way Round Rock, TX 78682-0001	H		X	X	X	4,000.00
Account No. xx4656 Endoscopy Center at Meridian Anesthesia PO BOX 305250 Nashville, TN 37230	H	04/29/2015 Medical Doctor Appt 			X	298.43
Account No. GE Money Paypal Buyer Credit PO BOX 17313 Orlando, FL 32896-6080	H		X	X	X	700.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,998.43

B6F (Official Form 6F) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
HSBC Bank PO BOX 17313 Baltimore, MD 21297-1313	H		X	X	X	700.00
Account No. xxxx-xxxx-xxxx-6368		Revolving Account				
Martin Federal Credit Union 1727 Orlando Central Parkway Orlando, FL 32809	H		X	X	X	2,500.00
Account No. xxxx-xxxx-xxxx-6319		Revolving Account				
Martin Federal Credit Union 1727 Orlando Central Parkway Orlando, FL 32809	H		X	X	X	2,500.00
Account No.		OKLAHOMA RADIOLOGY GROUP				
MEDICAL BUSINESS BUREAU 1460 RENAISSANCE D 400 Park Ridge, IL 60068	-		X	X	X	Unknown
Account No.		IMAGING ASSOCIATES				
MEDICAL BUSINESS BUREAU 1460 RENAISSANCE D 400 Park Ridge, IL 60068	W		X	X	X	Unknown
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,700.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
MERCY HOSPITAL OKLAHOMA CITY PO BOX 505017 Saint Louis, MO 63150-5017	-		X	X	X	Unknown
Account No. xxxxxx7613		Student Loan				
Navient PO Box 9430 Wilkes Barre, PA 18773-9430	H		X	X	X	214,087.52
Account No.		Credit Card				
SELECT CARD / FIFTH THIR PO BOX 495933 CTR Cincinnati, OH 45249	-					Unknown
Account No. x8781		04/29/2015 Medical Doctors Appt				
The Endoscopy Center AT Meridian PO BOX 305250 Nashville, TN 37230	H				X	592.59
Account No.						
Town of Oakland P.O. Box 98 220 N. Tubb Street Oakland, FL 34760	X -		X	X	X	766.00
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						215,446.11
						Total (Report on Summary of Schedules)
						226,144.54

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Colin Leslie Doyle**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	CitiMortgage, Inc. P O Box 6941 The Lakes, NV 88901-6941
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	IRS PO BOX 249 Memphis, TN 38101
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	Martin Federal Credit Union 1727 Orlando Central Parkway Orlando, FL 32809
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	John Landing HOA 5401 S. Kirkman Road Suite 450 Orlando, FL 32819
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	OCWEN/HOMEWARD RESIDENTI 1525 S BELTLINE Coppell, TX 75019
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	Oklahoma Tax Commission PO BOX 26930 Oklahoma City, OK 73126
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	Orange County Tax Collector PO BOX 2551 Orlando, FL 32802
Sherry Doyle 3000 East 32nd Street Edmond, OK 73013	Town of Oakland P.O. Box 98 220 N. Tubb Street Oakland, FL 34760

Fill in this information to identify your case:

Debtor 1 Colin Leslie Doyle

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status*

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
- ☐ Not employed

Professor; Adjunct Professor

Multiple (see attachment)

American Public UNIV;
Oklahoma Christian University2 Years, 2 Months; 4
Years, 5

*See Attachment for Additional Employment Information

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Attorney

Sherry Doyle, PLLC

3126 S. Boulevard #163
Edmond, OK 73013

1 Year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 10,686.02	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 10,686.02	\$ 0.00

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 10,686.02	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,671.23	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 524.94	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Dental	5h.+ \$ 65.59	+ \$ 0.00
LtD - Emp Paid	\$ 19.63	\$ 0.00
Total Other Deductions	\$ 290.33	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,571.72	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 8,114.30	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 900.54
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 900.54
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 8,114.30 + \$ 900.54	= \$ 9,014.84
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$	9,014.84
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Employer Oklahoma Christian University, Change: The amount depends on the number of courses that I teach. This changes with demand		

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

Official Form B 6I
Attachment for Additional Employment Information

Debtor		
Occupation	Professor	Paid BiWeekly \$3201.24 Deductions: \$563.47 Taxes - 242.28 Insurance - 30.27 Dental - 9.06 LtD - Emp Paid - 134 Total Other Deductions Net pay: \$2222.16 BiWeekly
Name of Employer	American Public UNIV	
How long employed	2 Years, 2 Months	
Address of Employer	393 N. Lawrence ST Charles Town, WV 25414	

Debtor		
Occupation	Adjunct Professor	Paid Monthly \$3750 Deductions: \$450.38 Taxes Net pay: \$3299.62 Monthly Expected change: The amount depends on the number of courses that I teach. This changes with demand
Name of Employer	Oklahoma Christian University	
How long employed	4 Years, 5 Months	
Address of Employer	2501 E MEMORIAL RD Oklahoma City, OK 73136-1100	

Debtor		
Occupation	Adjunct Instructor	
Name of Employer	Florida Institute of Technology	
How long employed	10 years	
Address of Employer	150 W University Blvd Melbourne, Florida 32901 321-674-8000 Melbourne, FL 32901	

Fill in this information to identify your case:

Debtor 1 Colin Leslie Doyle

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

16

☐ No

☒ Yes

Daughter

20

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,078.60

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	400.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	450.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	1,500.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	0.00
10. Personal care products and services	10. \$	0.00
11. Medical and dental expenses	11. \$	0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	450.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	700.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	250.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	596.40
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
	\$	1,000.00
Specify: Kelsey Doyle - Living Expenses		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	7,425.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	9,014.84
23b. Copy your monthly expenses from line 22 above.	23b. -\$	7,425.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,589.84
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Western District of Oklahoma**

In re **Colin Leslie Doyle**

Debtor(s)

Case No.
Chapter

13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **25** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 24, 2015**

Signature **/s/ Colin Leslie Doyle**
Colin Leslie Doyle
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Western District of Oklahoma**

In re **Colin Leslie Doyle**

Debtor(s)

Case No.

Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$28,811.16	2015 Husband American Public UNIV
\$76,028.05	2014 Husband American Public UNIV
\$12,900.00	2015 Husband Oklahoma Christian University
\$21,000.00	2014 Husband Oklahoma Christian University
\$18,000.00	2013 Husband Oklahoma Christian University

B7 (Official Form 7) (04/13)

2**2. Income other than from employment or operation of business**

None

- ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

- ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
Santander Consumer USA
PO BOX 660633
Dallas, TX 75266

DATES OF
PAYMENTS
4/5/2015, 3/5/2015, 2/5/2015

AMOUNT PAID
\$1,789.00

AMOUNT STILL
OWING
\$17,729.65

None

- ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT STILL
OWING

None

- ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

- ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

11-01042

NATURE OF
PROCEEDING
**Related to
Bankruptcy and
Foreclosure**

COURT OR AGENCY
AND LOCATION
**Bankruptcy Western District of
Oklahoma
Western District of Oklahoma**

STATUS OR
DISPOSITION
In Appeal

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

CAPTION OF SUIT
AND CASE NUMBER

10-01194

NATURE OF
PROCEEDING
**Bankruptcy
related claims for
proof of claim
related to
Oklahoma House**COURT OR AGENCY
AND LOCATION
**Bankruptcy Western District of
Oklahoma
Western District of Oklahoma**STATUS OR
DISPOSITION
**Terminated:
03/05/15**

2009-CA-005406-O

**Foreclosure
Action****Orange County Florida
Orange County Florida****Closed**

2009-CA-019338-O

Foreclosure**Orange County Florida
Orange County Florida****Inactive**

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF
PROPERTY**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
CREDITOR OR SELLERDATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURNDESCRIPTION AND VALUE OF
PROPERTY**6. Assignments and receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIANNAME AND LOCATION
OF COURT
CASE TITLE & NUMBERDATE OF
ORDERDESCRIPTION AND VALUE OF
PROPERTY**7. Gifts**

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
PERSON OR ORGANIZATIONRELATIONSHIP TO
DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND
VALUE OF GIFT

B7 (Official Form 7) (04/13)

4

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Sherry Doyle, PLLC 3126 S. Boulevard St. #163 Edmond, OK 73013-5308		

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	------------------------	---

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

B7 (Official Form 7) (04/13)

5

12. Safe deposit boxes

None

- ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

13. Setoffs

None

- ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None

- ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
American Public University 111 West Congress St Charles Town, WV 25414	I hold various books, supplies, 2 computers and equipment for my employer Value: 5000	3000 East 32nd Street Edmond, OK 73013
Louis B Buccilli 3000 East 32nd Street Edmond, OK 73013	Savings Account of about \$800 as Guardian	Tinker Federal Credit Union PO BOX 45750 Tinker AFB, OK 73145-0750

15. Prior address of debtor

None

- ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

None

- ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

B7 (Official Form 7) (04/13)

6

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Sherry Doyle, PLLC		3126 S.Boulevard St #163 Edmond, OK 73013-5308	Legal	05/16/2014

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

B7 (Official Form 7) (04/13)

7

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS**21. Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP**22. Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

B7 (Official Form 7) (04/13)

8

23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 24, 2015

Signature /s/ Colin Leslie Doyle
Colin Leslie Doyle
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Western District of Oklahoma**

In re Colin Leslie Doyle

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,500.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>3,500.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 24, 2015

/s/ Sherry Doyle

**Sherry Doyle 31836
Sherry Doyle, PLLC
3126 S Boulevard #163
Edmond, OK 73013-5308
(405)652-1034 Fax: (405) 652-1047
sherry@sherrydoylelaw.com**

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Western District of Oklahoma

In re Colin Leslie Doyle

Debtor(s)

Case No.

Chapter

13

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Colin Leslie Doyle

Printed Name(s) of Debtor(s)

X /s/ Colin Leslie Doyle

Signature of Debtor

June 24, 2015

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Western District of Oklahoma**

In re **Colin Leslie Doyle**

Debtor(s)

Case No.
Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **June 24, 2015**

/s/ Colin Leslie Doyle

Colin Leslie Doyle

Signature of Debtor

Fill in this information to identify your case:

Debtor 1 Colin Leslie Doyle

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Oklahoma

Case number
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 9,494.63	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	\$ 7,737.04
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 6,836.50
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 900.54
	Copy here -> \$ 0.00	\$ 900.54
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
	Copy here -> \$ 0.00	\$ 0.00

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

7. **Interest, dividends, and royalties**8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**For your spouse \$ **0.00**9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.\$ **0.00** \$ **0.00**10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.10a. \$ **0.00** \$ **0.00**10b. \$ **0.00** \$ **0.00**10c. Total amounts from separate pages, if any. + \$ **0.00** \$ **0.00**11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 9,494.63	+	\$ 900.54	=	\$ 10,395.17
Total average monthly income				

Part 2: Determine How to Measure Your Deductions from Income12. **Copy your total average monthly income from line 11.** \$ **10,395.17**13. **Calculate the marital adjustment.** Check one:

- ☐ You are not married. Fill in 0 on line 3d.
- ☐ You are married and your spouse is filing with you. Fill in 0 in line 13d.
- ☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. \$

13b. \$

13c. +\$

13d. Total \$ **0.00** Copy here=> 13d. - **0.00**14. **Your current monthly income.** Subtract line 13d from line 12.14. \$ **10,395.17**15. **Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here=> 15a. \$ **10,395.17**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. 15b. \$ **124,742.04**

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

OK

16b. Fill in the number of people in your household.

4

16c. Fill in the median family income for your state and size of household.

16c. \$ 64,448.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)**18. Copy your total average monthly income from line 11. 18. \$ 10,395.17

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. \$ 0.00

Subtract line 19a from line 18.

19b. \$ 10,395.17**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b.

20a. \$ 10,395.17

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

20b. \$ 124,742.04

20c. Copy the median family income for your state and size of household from line 16c.

\$ 64,448.00**21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Colin Leslie Doyle**Colin Leslie Doyle**

Signature of Debtor 1

Date **June 24, 2015**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Colin Leslie Doyle

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Oklahoma

Case number
(if known)

☐ Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,513.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

People who are under 65 years of age7a. Out-of-pocket health care allowance per person \$ 607b. Number of people who are under 65 X 47c. **Subtotal.** Multiply line 7a by line 7b. \$ 240.00 Copy line 7c here=> \$ 240.00**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 1447e. Number of people who are 65 or older X 07f. **Subtotal.** Multiply line 7d by line 7e. \$ 0.00 Copy line 7f here=> \$ 0.007g. **Total.** Add line 7c and line 7f. \$ 240.00 Copy total here=> \$ 240.00**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:****Housing and utilities - Insurance and operating expenses**
housing and utilities - Mortgage or rent expenses**To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.**8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 599.009. **Housing and utilities - Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,098.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
CitiMortgage, Inc.	\$ <u>2,071.80</u>

9b. Total average monthly payment

\$ 2,071.80Copy line 9b here=> -\$ 2,071.80 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

9c.

\$ 0.00Copy line 9c here=> \$ 0.0010. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why: _____

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **488.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **Auto: 2008 Ford F150 Location: 3000 E. 32nd ST. Edmond, OK 73013**

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divided by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Santander Consumer USA	\$ 397.60

Copy 13b here => -\$ **397.60** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13c. \$ **119.40** Copy net Vehicle 1 expense here => \$ **119.40**

Vehicle 2 Describe Vehicle 2: **Auto: Scion tC 2006 Scion tC 120,000 Location: 3000 E. 32nd ST. Edmond, OK 73013**

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ **517.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Martin Federal Credit Union	\$ 123.33

Copy 13e here => -\$ **123.33**

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

13f. \$ **393.67** Copy net Vehicle 2 expense here => \$ **393.67**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 0.00
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 3,353.07
Add lines 6 through 23.

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | |
|------------------------|--------------------|------------------------------------|
| Health insurance | \$ <u>595.57</u> | |
| Disability insurance | \$ <u>0.00</u> | |
| Health savings account | + \$ <u>212.48</u> | |
| Total | \$ <u>808.05</u> | Copy total here=> \$ <u>808.05</u> |
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \$ _____
- ☒ Yes
26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.
By law, the court must keep the nature of these expenses confidential. \$ 0.00

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 53.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4).

\$ 0.00

32. **Add all of the additional expense deductions**

Add lines 25 through 31.

\$ 861.05

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ 2,071.80

Loans on your first two vehicles

33b. Copy line 13b here => \$ 397.60

33c. Copy line 13e here => \$ 123.33

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

Residence: Florida House
Location: 701 Regina Circle
Oakland, FL 37487
Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled

☒ No☐ Yes\$ 2,246.0533d. **H&R Block Mortgage LLC**

Residence: Florida House
Location: 701 Regina Circle
Oakland, FL 37487
Debtor(s) dispute the secured mortgage claims as to the total amount of the debt as of the petition date and as to the alleged arrears and also dispute the scheduled

☒ No☐ Yes\$ 475.4733e. **H&R Block Mortgage**

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

33f. **John Landing HOA**

Residence: Florida House
 Location: 701 Regina Circle
 Oakland, FL 37487
 Debtor(s) dispute the secured mortgage
 claims as to the total amount of the debt
 as of the petition date and as to the
 alleged arrears and also dispute the
 scheduled

☒ No☐ Yes\$ **16.67****Orange County Tax Collector**

Residence: Florida House
 Location: 701 Regina Circle
 Oakland, FL 37487
 Debtor(s) dispute the secured mortgage
 claims as to the total amount of the debt
 as of the petition date and as to the
 alleged arrears and also dispute the
 scheduled

☐ No☒ Yes\$ **69.78**

33g. Total average monthly payment. Add lines 33a through 33f

\$ **5,400.70**Copy
total
here=>\$ **5,400.70**

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
- ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____ ÷ 60 = \$ _____	
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☐ No. Go to line 36.
- ☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **8,278.30** ÷ 60 \$ **137.97**

36. Projected monthly Chapter 13 plan payment

\$ **2,662.51**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X **3.70**

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ **98.51** Copy total here=> \$ **98.51**

37. Add all of the deductions for debt payment.

Add lines 33g through 36.

\$ **5,637.18**

Total Deductions from Income**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances \$ **3,353.07**

Copy line 32, All of the additional expense deductions \$ **861.05**

Copy line 37, All of the deductions for debt payment +\$ **5,637.18**

Total deductions

\$ **9,851.30** Copy total here=> \$ **9,851.30**

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period** \$ **10,395.17**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here. => \$ **9,851.30**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
43a. _____	\$ _____
43b. _____	\$ _____
43c. _____	\$ _____
43d. Total. Add lines 43a through 43c. _____	\$ 0.00

Copy 43d here=> \$ **0.00**

44. **Total adjustments.** Add lines 40 through 43d. _____ => \$ **9,851.30**

Copy total here=> -\$ **9,851.30**

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39. \$ **543.87**

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1 **Colin Leslie Doyle**

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Colin Leslie Doyle
Colin Leslie Doyle
Signature of Debtor 1

Date **June 24, 2015**
MM / DD / YYYY

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

Current Monthly Income Details for the Debtor**Debtor Income Details:**Income for the Period **12/01/2014** to **05/31/2015**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **American Public UNIV**

Income by Month:

6 Months Ago:	12/2014	\$6,276.94
5 Months Ago:	01/2015	\$6,402.48
4 Months Ago:	02/2015	\$6,402.48
3 Months Ago:	03/2015	\$6,402.48
2 Months Ago:	04/2015	\$6,402.48
Last Month:	05/2015	\$9,612.72
Average per month:		\$6,916.60

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissionsSource of Income: **Florida Institute of Technology**

Income by Month:

6 Months Ago:	12/2014	\$0.00
5 Months Ago:	01/2015	\$0.00
4 Months Ago:	02/2015	\$0.00
3 Months Ago:	03/2015	\$0.00
2 Months Ago:	04/2015	\$0.00
Last Month:	05/2015	\$318.18
Average per month:		\$53.03

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissionsSource of Income: **Oklahoma Christian University**

Income by Month:

6 Months Ago:	12/2014	\$2,250.00
5 Months Ago:	01/2015	\$3,150.00
4 Months Ago:	02/2015	\$2,250.00
3 Months Ago:	03/2015	\$3,750.00
2 Months Ago:	04/2015	\$3,750.00
Last Month:	05/2015	\$0.00
Average per month:		\$2,525.00

Debtor 1 **Colin Leslie Doyle**

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **12/01/2014** to **05/31/2015**.**Line 5 - Income from operation of a business, profession, or farm**Source of Income: **Sherry Doyle, PLLC**

Year-to-Date Income/Expenses/Net:

Last Year:

Starting Financial Statement Dated: 11/30/2014 .Starting Year-to-Date Income: \$17,472.00 .Starting Year-to-Date Expenses: \$14,202.08 .Starting Year-to-Date Net (Income-Expenses): \$3,269.92 .Ending Financial Statement Dated: 12/31/2014 .Ending Year-to-Date Income: \$20,572.00 .Ending Year-to-Date Expenses: \$17,752.57 .Ending Year-to-Date Net (Income-Expenses): \$2,819.43 .

This Year:

Current Financial Statement Dated: 5/31/2015 .Current Year-to-Date Income: \$43,322.26 .Current Year-to-Date Expenses: \$37,468.52 .Total Income for six-month period (Current+(Ending-Starting)): \$46,422.26 .Average Monthly Income (Total Income divided by 6): \$7,737.04 .Total Expenses for six-month period (Current+(Ending-Starting)): \$41,019.01 .Average Monthly Expenses (Total Expenses divided by 6): \$6,836.50 .Total Net for six-month period (Total Income-Total Expenses): \$5,403.25 .Average Monthly Net Income (Total Net Income divided by 6): \$900.54 .

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 11/23/2014
Period Ending: 12/06/2014
Pay Date: 12/12/2014

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

00000000138

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Earnings	rate	hours	this period	year to date
Regular	3138.47		3,138.47	78,461.75
Add Comp Ye				1,347.95
Addl Comp				1,000.00
Gross Pay			\$3,138.47	80,809.70

Your federal taxable wages this period are
\$2,830.45

Deductions	Statutory		
Federal Income Tax	-249.75	6,830.74	
Social Security Tax	-175.70	4,538.04	
Medicare Tax	-41.09	1,061.32	
OK State Income Tax	-100.00	2,624.00	
Other			
Dental	-30.27*	756.75	
Ltd - Emp Paid	-8.88	222.00	
Med Flex Spendi	-96.15*	2,403.75	
Medical	-179.27*	4,481.75	
Vision	-2.33*	58.25	
Vol Life Child	-1.11	27.75	
Vol Life Employ	-18.74	468.50	
Vol Life Spouse	-1.57	39.25	
Net Pay	\$2,233.61		
Checking	-2,233.61		
Net Check	\$0.00		

Other Benefits and Information

	this period	total to date
Elig Wages	3,138.47	80,809.70
Group Term Life	3.40	85.00

* Excluded from federal taxable wages

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000500195
Pay date: 12/12/2014

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx xxxx	\$2,233.61

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 12/07/2014
Period Ending: 12/20/2014
Pay Date: 12/26/2014

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

00000000150

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Earnings	rate	hours	this period	year to date
Regular	3138.47		3,138.47	81,600.22
Add Comp Ye				1,347.95
Addl Comp				1,000.00
Gross Pay			\$3,138.47	83,948.17

Your federal taxable wages this period are
\$2,830.45

Deductions	Statutory		
Federal Income Tax	-249.75	7,080.49	
Social Security Tax	-175.70	4,713.74	
Medicare Tax	-41.09	1,102.41	
OK State Income Tax	-100.00	2,724.00	
Other			
Dental	-30.27*	787.02	
Ltd - Emp Paid	-8.88	230.88	
Med Flex Spendi	-96.15*	2,499.90	
Medical	-179.27*	4,661.02	
Vision	-2.33*	60.58	
Vol Life Child	-1.11	28.86	
Vol Life Employ	-18.74	487.24	
Vol Life Spouse	-1.57	40.82	
Net Pay	\$2,233.61		
Checking	-2,233.61		
Net Check	\$0.00		

Other Benefits and Information

	this period	total to date
Elig Wages	3,138.47	83,948.17
Group Term Life	3.40	88.40

* Excluded from federal taxable wages

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000520213
Pay date: 12/26/2014

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx xxxx	\$2,233.61

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 12/21/2014
Period Ending: 01/03/2015
Pay Date: 01/09/2015

00000000399

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings

	rate	hours	this period	year to date
Regular	3201.24		3,201.24	3,201.24
Gross Pay			\$3,201.24	3,201.24

Other Benefits and Information

	this period	total to date
Elig Wages	3,201.24	3,201.24
Group Term Life	3.50	3.50

Deductions

Statutory

Federal Income Tax	-246.84	246.84
Social Security Tax	-175.57	175.57
Medicare Tax	-41.06	41.06
OK State Income Tax	-100.00	100.00

Other

Dental	-30.27*	30.27
Ltd - Emp Paid	-9.06	9.06
Med Flex Spendi	-98.07*	98.07
Medical	-242.28*	242.28
Vision	-2.33*	2.33
Vol Life Child	-1.11	1.11
Vol Life Employ	-30.92	30.92
Vol Life Spouse	-1.57	1.57

Net Pay \$2,222.16

Checking -2,222.16

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000020545
Pay date: 01/09/2015

Deposited to the account of
COLIN L DOYLE

account number	transit	ABA	amount
xxxxxxxx3446	xxxx	xxxx	\$2,222.16

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 01/04/2015
Period Ending: 01/17/2015
Pay Date: 01/23/2015

00000000290

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Earnings

	rate	hours	this period	year to date
Regular	3201.24		3,201.24	6,402.48
Gross Pay			\$3,201.24	6,402.48

Other Benefits and Information

	this period	total to date
Elig Wages	3,201.24	6,402.48
Group Term Life	3.50	7.00

Deductions

Statutory

Federal Income Tax	-246.84	493.68
Social Security Tax	-175.57	351.14
Medicare Tax	-41.06	82.12
OK State Income Tax	-100.00	200.00

Other

Dental	-30.27*	60.54
Ltd - Emp Paid	-9.06	18.12
Med Flex Spendi	-98.07*	196.14
Medical	-242.28*	484.56
Vision	-2.33*	4.66
Vol Life Child	-1.11	2.22
Vol Life Employ	-30.92	61.84
Vol Life Spouse	-1.57	3.14

Net Pay \$2,222.16

Checking -2,222.16

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000040409
Pay date: 01/23/2015

Deposited to the account of
COLIN L DOYLE

account number	transit	ABA	amount
xxxxxxxxx3446	xxxx	xxxx	\$2,222.16

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 01/18/2015
Period Ending: 01/31/2015
Pay Date: 02/06/2015

00000000305

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings

	rate	hours	this period	year to date
Regular	3201.24		3,201.24	9,603.72
Gross Pay			\$3,201.24	9,603.72

Other Benefits and Information

	this period	total to date
Elig Wages	3,201.24	9,603.72
Group Term Life	3.50	10.50

Deductions

Statutory

Federal Income Tax	-246.84	740.52
Social Security Tax	-175.57	526.71
Medicare Tax	-41.06	123.18
OK State Income Tax	-100.00	300.00

Other

Dental	-30.27*	90.81
Ltd - Emp Paid	-9.06	27.18
Med Flex Spendi	-98.07*	294.21
Medical	-242.28*	726.84
Vision	-2.33*	6.99
Vol Life Child	-1.11	3.33
Vol Life Employ	-30.92	92.76
Vol Life Spouse	-1.57	4.71

Net Pay \$2,222.16

Checking -2,222.16

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000060439
Pay date: 02/06/2015

Deposited to the account of
COLIN L DOYLE

account number	transit	ABA	amount
xxxxxxxxx3446	xxxx	xxxx	\$2,222.16

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 02/01/2015
Period Ending: 02/14/2015
Pay Date: 02/20/2015

00000000384

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	12,804.96
Gross Pay			\$3,201.24	12,804.96

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	12,804.96
Group Term Life	3.50	14.00

Deductions	Statutory	
	Federal Income Tax	-246.84
	Social Security Tax	-175.57
	Medicare Tax	-41.06
	OK State Income Tax	-100.00
	Other	
	Dental	-30.27*
	Ltd - Emp Paid	-9.06
	Med Flex Spendi	-98.07*
	Medical	-242.28*
	Vision	-2.33*
	Vol Life Child	-1.11
	Vol Life Employ	-30.92
	Vol Life Spouse	-1.57
	Net Pay	\$2,222.16
	Checking	-2,222.16
	Net Check	\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000080548
Pay date: 02/20/2015

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx xxxx	\$2,222.16

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 02/15/2015
Period Ending: 02/28/2015
Pay Date: 03/06/2015

00000000276

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	16,006.20
Gross Pay			\$3,201.24	16,006.20

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	16,006.20
Group Term Life	3.50	17.50

Deductions	Statutory	
Federal Income Tax	-246.84	1,234.20
Social Security Tax	-175.57	877.85
Medicare Tax	-41.06	205.30
OK State Income Tax	-100.00	500.00
Other		
Dental	-30.27*	151.35
Ltd - Emp Paid	-9.06	45.30
Med Flex Spendi	-98.07*	490.35
Medical	-242.28*	1,211.40
Vision	-2.33*	11.65
Vol Life Child	-1.11	5.55
Vol Life Employ	-30.92	154.60
Vol Life Spouse	-1.57	7.85
Net Pay	\$2,222.16	
Checking	-2,222.16	
Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000100401
Pay date: 03/06/2015

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx xxxx	\$2,222.16

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 03/01/2015
Period Ending: 03/14/2015
Pay Date: 03/20/2015

00000000303

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	19,207.44
Gross Pay			\$3,201.24	19,207.44

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	19,207.44
Group Term Life	3.50	21.00

Deductions	Statutory	
Federal Income Tax	-246.84	1,481.04
Social Security Tax	-175.58	1,053.43
Medicare Tax	-41.07	246.37
OK State Income Tax	-100.00	600.00
Other		
Dental	-30.27*	181.62
Ltd - Emp Paid	-9.06	54.36
Med Flex Spendi	-98.07*	588.42
Medical	-242.28*	1,453.68
Vision	-2.33*	13.98
Vol Life Child	-1.11	6.66
Vol Life Employ	-30.92	185.52
Vol Life Spouse	-1.57	9.42
Net Pay	\$2,222.14	
Checking	-2,222.14	
Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000120435
Pay date: 03/20/2015

Deposited to the account of	account number	transit	ABA	amount
COLIN L DOYLE	xxxxxxxxx3446	xxxx	xxxx	\$2,222.14

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 03/15/2015
Period Ending: 03/28/2015
Pay Date: 04/03/2015

00000000277

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	22,408.68
Gross Pay			\$3,201.24	22,408.68

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	22,408.68
Group Term Life	3.50	24.50

Deductions	Statutory	
Federal Income Tax	-246.84	1,727.88
Social Security Tax	-175.57	1,229.00
Medicare Tax	-41.06	287.43
OK State Income Tax	-100.00	700.00
Other		
Dental	-30.27*	211.89
Ltd - Emp Paid	-9.06	63.42
Med Flex Spendi	-98.07*	686.49
Medical	-242.28*	1,695.96
Vision	-2.33*	16.31
Vol Life Child	-1.11	7.77
Vol Life Employ	-30.92	216.44
Vol Life Spouse	-1.57	10.99
Net Pay	\$2,222.16	
Checking	-2,222.16	
Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000144404
Pay date: 04/03/2015

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxxx3446	xxxx xxxx	\$2,222.16

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 03/29/2015
Period Ending: 04/11/2015
Pay Date: 04/17/2015

00000000287

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	25,609.92
Gross Pay			\$3,201.24	25,609.92

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	25,609.92
Group Term Life	3.50	28.00

Deductions	Statutory	
	Federal Income Tax	-246.84
	Social Security Tax	-175.57
	Medicare Tax	-41.06
	OK State Income Tax	-100.00
	Other	
	Dental	-30.27*
	Ltd - Emp Paid	-9.06
	Med Flex Spendi	-98.07*
	Medical	-242.28*
	Vision	-2.33*
	Vol Life Child	-1.11
	Vol Life Employ	-30.92
	Vol Life Spouse	-1.57
	Net Pay	\$2,222.16
	Checking	-2,222.16
	Net Check	\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000160422
Pay date: 04/17/2015

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx xxxx	\$2,222.16

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 04/12/2015
Period Ending: 04/25/2015
Pay Date: 05/01/2015

00000000271

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	28,811.16
Gross Pay			\$3,201.24	28,811.16

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	28,811.16
Group Term Life	3.50	31.50

Deductions	Statutory	
	Federal Income Tax	-246.84
	Social Security Tax	-175.57
	Medicare Tax	-41.06
	OK State Income Tax	-100.00
	Other	
	Dental	-30.27*
	Ltd - Emp Paid	-9.06
	Med Flex Spendi	-98.07*
	Medical	-242.28*
	Vision	-2.33*
	Vol Life Child	-1.11
	Vol Life Employ	-30.92
	Vol Life Spouse	-1.57
	Net Pay	\$2,222.16
	Checking	-2,222.16
	Net Check	\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000180406
Pay date: 05/01/2015

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx xxxx	\$2,222.16

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 04/12/2015
Period Ending: 04/25/2015
Pay Date: 05/01/2015

00000000271

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	28,811.16
Gross Pay			\$3,201.24	28,811.16

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	28,811.16
Group Term Life	3.50	31.50

Deductions	Statutory	
Federal Income Tax	-246.84	2,221.56
Social Security Tax	-175.57	1,580.14
Medicare Tax	-41.06	369.55
OK State Income Tax	-100.00	900.00
Other		
Dental	-30.27*	272.43
Ltd - Emp Paid	-9.06	81.54
Med Flex Spendi	-98.07*	882.63
Medical	-242.28*	2,180.52
Vision	-2.33*	20.97
Vol Life Child	-1.11	9.99
Vol Life Employ	-30.92	278.28
Vol Life Spouse	-1.57	14.13
Net Pay	\$2,222.16	
Checking	-2,222.16	
Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000180406
Pay date: 05/01/2015

Deposited to the account of	account number	transit ABA	amount
COLIN L DOYLE	xxxxxxxxx3446	xxxx xxxx	\$2,222.16

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Earnings Statement



AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Period Beginning: 05/10/2015
Period Ending: 05/23/2015
Pay Date: 05/29/2015

00000000271

COLIN L DOYLE
3000 EAST 32ND STREET
EDMOND OK 73013

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 4
OK: 4, Filing Jointly or Surviving Spouse

Earnings	rate	hours	this period	year to date
Regular	3201.24		3,201.24	35,213.64
Gross Pay			\$3,201.24	35,213.64

Other Benefits and Information	this period	total to date
Elig Wages	3,201.24	35,213.64
Group Term Life	3.50	38.50

Deductions	Statutory	
Federal Income Tax	-246.84	2,715.24
Social Security Tax	-175.57	1,931.28
Medicare Tax	-41.06	451.67
OK State Income Tax	-100.00	1,100.00
Other		
Dental	-30.27*	332.97
Ltd - Emp Paid	-9.06	99.66
Med Flex Spendi	-98.07*	1,078.77
Medical	-242.28*	2,665.08
Vision	-2.33*	25.63
Vol Life Child	-1.11	12.21
Vol Life Employ	-30.92	340.12
Vol Life Spouse	-1.57	17.27
Net Pay	\$2,222.16	
Checking	-2,222.16	
Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,828.29

© 2000 ADP, LLC

AMERICAN PUBLIC UNIV
393 N LAWRENCE ST
CHARLES TOWN, WV 25414
COMPANY PH#: 304-885-5266

Advice number: 00000220411
Pay date: 05/29/2015

Deposited to the account of	account number	transit	ABA	amount
COLIN L DOYLE	xxxxxxxx3446	xxxx	xxxx	\$2,222.16

Bank of America

2101 West 6th St
Los Angeles, CA 90057

NON-NEGOTIABLE

Florida Institute of Technology
150 W University Blvd
Melbourne, Florida 32901
321-674-8000

Employer: Florida Institute of Technology **Pay Date:** May 29, 2015
SSN/SIN/TIN: *****9863 **Pay Period:** May 10, 2015-May 23, 2015
Employee: Colin Doyle
Address: 3000 E 32nd St
Edmond, Oklahoma 73013
UNITED STATES OF AMERICA

Payment Summary

Type	Current Period	YTD Amount
Gross Amount:	\$318.18	\$318.18
Total Personal Deductions:	\$47.31	\$47.31
Net Amount:	\$270.87	\$270.87
Total Employer Contributions:	\$24.34	\$24.34

Earnings

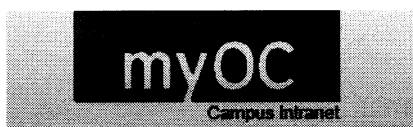
Job	Earnings	Shift	Hours or Units	Rate	Amount	YTD Amount
Adjunct Faculty	Adjunct Pay	1			\$318.18	\$318.18
Total:					\$318.18	\$318.18

Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employee YTD	Employer	Employer YTD	Applicable Gross	Applicable Gross YTD
Taxes						
Tax: Additional Medicare Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$318.18	\$318.18
Tax: Federal Income Tax Withholding	\$22.97	\$22.97	\$0.00	\$0.00	\$318.18	\$318.18
Tax: Medicare Withholding	\$4.61	\$4.61	\$4.61	\$4.61	\$318.18	\$318.18
Tax: Oklahoma State Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$318.18	\$318.18
Tax: Social Security Withholding	\$19.73	\$19.73	\$19.73	\$19.73	\$318.18	\$318.18
Total:	\$47.31	\$47.31	\$24.34	\$24.34		

Check or Direct Deposit

Number	Document Type	Bank Name	Account Type	Amount
50498819	Direct Deposit	Tinker Federal Credit Union	Checking	\$270.87



OKLAHOMA CHRISTIAN UNIVERSITY

**Doyle, Colin L****Pay period ending 01/31/15**

You have given consent to receive your W-2 electronically.

Direct Deposit Summary:

Deposit Date	Financial Institution Name	Deposit Amount
30 Jan 2015	TINKER CREDIT UNION	2,809.02

Earnings Summary :

Department	Earning Type	Salary/Wage Rate	Hours	Gross Earning
11_10_1_130156_61114	Adjunct Teaching - MSE "Foundations" 1/15-2/15	1,500.00	45.00	1,500.00
11_10_1_130156_61114	Adjunct Teaching	750.00	1.00	750.00
11_10_1_130156_61114	Adjunct Teaching - Class Overage 10/14-12/14	900.00	45.00	900.00
Your Gross Pay is :				3,150.00

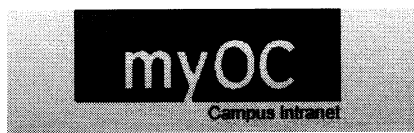
Taxes you paid :

Tax Code	Exemptions	Tax Base	Tax Amount
Medicare Withholding		3,150.00	45.68
Social Security Withholding		3,150.00	195.30
Federal Withholding Married		3,150.00	100.00
Total Taxes You Paid are :			340.98

Other Deductions :

Deduction Code	Employee Amount	Employer Amount
Total Deductions are :	0.00	0.00

View year-to-date information



OKLAHOMA CHRISTIAN UNIVERSITY

**Doyle, Colin L****Pay period ending 02/28/15**

You have given consent to receive your W-2 electronically.

Direct Deposit Summary:

Deposit Date	Financial Institution Name	Deposit Amount
27 Feb 2015	TINKER CREDIT UNION	2,067.87

Earnings Summary :

Department	Earning Type	Salary/Wage Rate	Hours	Gross Earning
11_10_1_130156_61114	Adjunct Teaching - MSE "Foundations" 1/15-2/15	1,500.00	45.00	1,500.00
11_10_1_130156_61114	Adjunct Teaching	750.00	1.00	750.00
Your Gross Pay is :				2,250.00

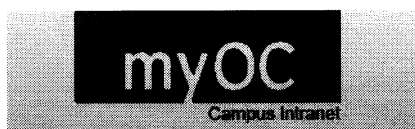
Taxes you paid :

Tax Code	Exemptions	Tax Base	Tax Amount
Medicare Withholding		2,250.00	32.63
Social Security Withholding		2,250.00	139.50
Federal Withholding Married		2,250.00	10.00
Total Taxes You Paid are :			182.13

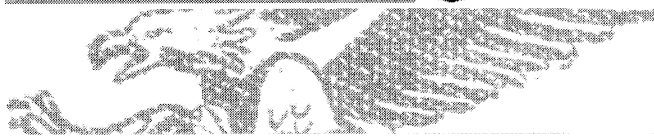
Other Deductions :

Deduction Code	Employee Amount	Employer Amount
Total Deductions are :	0.00	0.00

View year-to-date information



OKLAHOMA CHRISTIAN UNIVERSITY

**Doyle, Colin L****Pay period ending 03/31/15**

You have given consent to receive your W-2 electronically.

Direct Deposit Summary:

Deposit Date	Financial Institution Name	Deposit Amount
31 Mar 2015	TINKER CREDIT UNION	3,299.62

Earnings Summary :

Department	Earning Type	Salary/Wage Rate	Hours	Gross Earning
11_10_1_130156_61114	Adjunct Teaching	750.00	1.00	750.00
11_10_1_130156_61114	Adjunct Teaching - MSE courses 03/15-04/15	3,000.00	90.00	3,000.00
Your Gross Pay is :				3,750.00

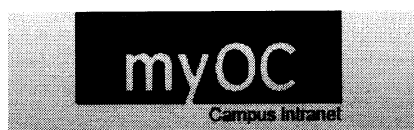
Taxes you paid :

Tax Code	Exemptions	Tax Base	Tax Amount
Medicare Withholding		3,750.00	54.38
Social Security Withholding		3,750.00	232.50
Federal Withholding Married		3,750.00	160.00
Ok Withholding Married		3,750.00	3.50
Total Taxes You Paid are :			450.38

Other Deductions :

Deduction Code	Employee Amount	Employer Amount
Total Deductions are :	0.00	0.00

View year-to-date information



OKLAHOMA CHRISTIAN UNIVERSITY

**Doyle, Colin L****Pay period ending 04/30/15**

You have given consent to receive your W-2 electronically.

Direct Deposit Summary:

Deposit Date	Financial Institution Name	Deposit Amount
30 Apr 2015	TINKER CREDIT UNION	3,299.62

Earnings Summary :

Department	Earning Type	Salary/Wage Rate	Hours	Gross Earning
11_10_1_130156_61114	Adjunct Teaching	750.00	1.00	750.00
11_10_1_130156_61114	Adjunct Teaching - MSE courses 03/15-04/15	3,000.00	90.00	3,000.00
Your Gross Pay is :				3,750.00

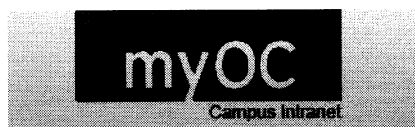
Taxes you paid :

Tax Code	Exemptions	Tax Base	Tax Amount
Medicare Withholding		3,750.00	54.38
Social Security Withholding		3,750.00	232.50
Federal Withholding Married		3,750.00	160.00
Ok Withholding Married		3,750.00	3.50
Total Taxes You Paid are :			450.38

Other Deductions :

Deduction Code	Employee Amount	Employer Amount
Total Deductions are :	0.00	0.00

View year-to-date information

**Doyle, Colin L****Pay period ending 12/31/14**

You have given consent to receive your W-2 electronically.

Direct Deposit Summary:

Deposit Date	Financial Institution Name	Deposit Amount
31 Dec 2014	TINKER CREDIT UNION	2,064.12

Earnings Summary :

Department	Earning Type	Salary/Wage Rate	Hours	Gross Earning
11_10_1_130156_61114	Adjunct Teaching	2,250.00	1.00	2,250.00
Your Gross Pay is :				2,250.00

Taxes you paid :

Tax Code	Exemptions	Tax Base	Tax Amount
Medicare Withholding		2,250.00	32.63
Social Security Withholding		2,250.00	139.50
Federal Withholding Married		2,250.00	13.75
Total Taxes You Paid are :			185.88

Other Deductions :

Deduction Code	Employee Amount	Employer Amount
Total Deductions are :	0.00	0.00

View year-to-date information